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Race-Related PTSD: The Asian American Vietnam Veteran

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This article presents a conceptual framework by which to understand race-related post-traumatic stress disorder (PTSD) for the Asian American Vietnam veteran. The framework draws from cognitive schema theory, social behaviorism, the notion of cumulative racism as trauma, and the assumption that bifurcation and negation of one's bicultural identity is injurious. Classifications of race-related stress or trauma that may be experienced by Asian American Vietnam veterans, with exemplifying clinical case material, are presented. These types of stressors include being mistaken for Vietnamese, verbal and physical assaults that are race-related, death and near-death experiences that are race-related, racial stigmatization, dissociation from one's Asian identity, and marginalization. As studies of combat trauma and sexual assault forced the psychological stresses attendant to war and sexist oppression into public consciousness, so this article addresses psychological stress and trauma attendant to racism.

KEY WORDS: Asian Americans; Vietnam veterans; race-related post-traumatic stress disorder; race prejudice.

INTRODUCTION

This article focuses on the racial prejudice by American GIs against their own comrades in arms who had the physical characteristics of the enemy and the effects of this prejudice on the Asian American veteran's readjustment difficulties. This article synthesizes the pertinent literature and offers a conceptual framework for understanding race-related stress

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and post-traumatic stress disorder among Asian American combat veterans. By elucidating the common conflictual themes experienced by trauma victims, a conceptual framework is a potentially powerful tool for the clinician working with trauma survivors (Krupnick and Horowitz, 1981). Drawing from a case study of a Chinese American Vietnam veteran in treatment for PTSD and other case studies, this article describes types of race-related stress and trauma within this framework. While treatment is not directly addressed, excerpts from transcripts of therapy sessions illustrate the clinical exploration of conflictual racial themes.

PERTINENT LITERATURE

The Vietnam war has been characterized as a war in which "anti-gook" conditioning became a normative part of the subculture of American troops (Lifton, 1973). Hatred toward Asians became so prevalent (Shatan, 1978) that this race prejudice was referred to as the "gook" syndrome (Leventman and Camacho, 1980; Lifton, 1973). Race was a critical variable affecting both the military and social experiences of American troops (Leventman and Camacho, 1980). Leventman and Camacho (1980) asserted that pre-existing race prejudices intensified to the point that American soldiers began to view all Vietnamese, whether soldier or civilian, as the enemy. This phenomena was most prevalent in the latter period of the war (1968-1972) when the encounter was typified by guerrilla warfare, often involving civilians, and when there seemed to be no clear-cut U.S. military plan concurrent with a high rate of casualties. Prevalent hatred for Asians expressed by the American troops was accompanied by the use of derogatory terms, like "gook," "dink," or "slant eye," which referred to any Asian, whether friend or foe (Shatan, 1978). *Newsweek* (Dec. 8, 1969) noted "the distressing observation that many U.S. fighting men, under the stress of combat, displayed a profound contempt for the people of South Vietnam" (p. 37). Lifton (1973) stated that the "gook syndrome," which dehumanized the Vietnamese, became so normative to the subculture of American troops that American soldiers felt impelled to adhere to this norm as part of their demonstrated loyalty to the war effort.

Despite an enormous body of literature on post-traumatic stress on Vietnam veterans and despite the fact that minority status stood out as a major finding of readjustment in surveys on Vietnam veterans, little research has examined the problems that faced American minorities who served in Vietnam. Sparse attention has been given to the influence of ethnicity or culture either in the diagnosis or treatment of PTSD, and expla-

nations for race differences found in readjustment surveys have not been empirically investigated.

Furthermore, while few in number, empirical studies that investigated readjustment problems of ethnic minority Vietnam veterans considered only Blacks or Hispanics (see Egendorf *et al.*, 1981; Kulka *et al.*, 1990a; Penk *et al.*, 1989). While researchers found that Blacks and Hispanic veterans had higher prevalence rates of PTSD than whites, the record is silent on Asian Americans. The National Vietnam Veterans Readjustment Survey (NVVRS) (Kulka *et al.*, 1990a) limited their definition of "ethnic minority" to Blacks and Hispanics, coded the eight Asian/Pacific Islanders who were sampled (see Table II-4-1 in Kulka *et al.* 1990b) as "others," then lumped them with "whites."

While racist attitudes of American soldiers have been described, the effects of this racism on Vietnam veterans of Asian ancestry have not been systematically studied. Penk and Allen (1991) criticized the authors of the NVVRS study for analyzing only one question about racial prejudice and for not examining the possible contributions of racial prejudice to the readjustment of minority combat veterans. Penk and Allen (1991) also criticized Egendorf *et al.* (1981) for not touching upon the effects of prejudice or minority status in their recommendations despite their finding of higher numbers of stress symptoms among Blacks compared to whites.

It has been suggested that ethnic minority Vietnam veterans had a greater tendency to sympathize with the Vietnamese (Laufer *et al.*, 1984) and experienced greater complications or greater readjustment needs than white soldiers (Parson, 1985; Penk and Allen, 1991). It has also been suggested that greater readjustment problems of ethnic minority veterans are related to their more marginal status in American society (Parson, 1985; Penk and Allen, 1991). In regard to Asian American soldiers, Hamada *et al.* (1988) and Kiang (1991) described how Asian American Vietnam veterans were subjected to racist behavior and attitudes both in-country and stateside, experienced isolation and alienation resulting from being the only Asian in their units, and were questioned or mistaken for the enemy (Kiang, 1991). Hamada *et al.* (1988) postulated that "Asian American veterans experienced Vietnam-related stressors that were unique to their ethnic background in addition to all the other stressors experienced by veterans in general" (p. 100), which may increase their vulnerability to PTSD. Scurfield and Tice (1992) proposed that American soldiers of Asian ancestry were in "a painful and untenable position in Vietnam" (p. 94) given racial stereotyping of the Vietnamese by U.S. troops which dominated the wartime atmosphere, the resemblance of Asian American soldiers to the Vietnamese which led to "harrowing experiences when U.S. troops mis-

took them for Vietnamese" (p. 94), and to experiences of being subjected to the same racism that was directed towards the Vietnamese.

Although it seems intuitively obvious that Asian American Vietnam veterans would be those most adversely affected by "anti-gook" prejudice, those most likely to be mistaken for the enemy, and those most likely to perceive cultural commonalities between themselves and the Vietnamese, studies on the estimated 34,600 Asian and Pacific Americans who served in the Vietnam theater (Kiang, 1991) have been few. Researchers have largely ignored Asian American veterans. Furthermore, no one has offered an explanatory framework to describe the mechanisms by which race-related events are stressful or traumatic to Asian American veterans.

CASE EXAMPLE, CONCEPTUAL MODEL, AND ITS DERIVATIVES

Case Study

Most of the examples of race-related stress provided in this article that elucidate the conceptual model are taken from audiotaped segments of my therapy sessions with a Chinese American veteran from Hawaii. The veteran, aged 45, born and raised in Honolulu, was drafted into the Army at the age of 19. He served in Vietnam as a helicopter crew chief and door gunner from 1968 to 1969. Within a period of seven months, this veteran flew 375 combat missions. He sought mental health services at the Honolulu Department of Veterans Affairs in 1991 and received a 50% disability rating for post-traumatic stress disorder. In 1993, his request for an upgrade was rejected on the basis of his having "been open and motivated in treatment and having made improvements." At the urging of his psychiatrist, the veteran appealed the decision, with supporting letters from this author and the psychiatrist. In said letter, this author argued that motivation for change should not be held against a veteran and that this veteran suffered symptoms of PTSD due to racial events on top of symptoms of PTSD that were combat-related. In late 1993, the veteran's disability was up-graded to 100% PTSD. Unless otherwise cited, quotes are those of this individual.

Additional examples of race-related stress are taken from the literature and from the experiences of various Asian American Vietnam veterans, which are recorded on cassette tape, titled "Which Way Home: Asian American Vietnam Veterans," produced by Crosscurrent Media (1991) and distributed by the National Asian American Telecommunications Association in San Francisco.

The Conceptual Model

The conceptual framework for this article presumes that race-related PTSD operates in the following ways.

1. The veteran was exposed to cumulative social input about his identity that contradicted his cognitive-emotional schema of himself. The veteran perceived himself to be an American but was repeatedly treated as a Vietnamese and thus subjected to the same racism that was directed toward the Vietnamese or exposed to life-threatening experiences when mistaken for the enemy.

2. The veteran was forced to acquire a racially-prejudiced behavioral repertoire that involved language-cognitive labeling ("gook"), emotional-motivational ("hate Asians, kill Asians"), and sensory-motor elements (physiological arousal leading to assault on Asians) that contradicted a previously-learned repertoire. One effect was the bifurcation of the veteran's bicultural identity. The Asian element of his identity was negated and became a stimulus for victimization and abuse. It is assumed that psychological stress is positively related to exposure to racial harassment and to positive associations to the Vietnamese people and culture.

3. The veteran's cumulative or life-threatening experiences of being mistaken for the enemy by fellow Americans resulted in states of hypervigilance and physiological arousal, thereby preventing states of relaxation or feelings of safety. The experience of being under "double assault" forced the Asian American into a constant, heightened arousal state associated with anxiety and fear.

4. The veteran's experiences with racial stigmatization and racial exclusion reduced the sense of belonging and social support (needed to buffer the harmful effects of trauma) and increased his feelings of isolation or alienation from others.

In short, the Asian American veteran with race-related PTSD was placed in a psychologically untenable position that taxed him physiologically and psychologically in ways not equaled by veterans of another race.

Derivatives of the Conceptual Model

This conceptual model of race-related stress integrates: (a) the notion of cumulative racism as trauma; (b) cognitive schema theory wherein trauma is defined as violated assumptions; (c) social behaviorism in regard to the acquisition of a new behavioral repertoire that contradicts an earlier acquired one; and (d) the assumption that for those with a bicultural (Asian American) identity, stress results when both elements of this identity are

negated (one's identity as an "American" is denied and the socially-replaced identity as an "Asian" is socially denigrated) or where the incorporation of American norms involves the negation of one's Asian identity. The model further assumes that prevalent exposure to racial prejudice directed at the Asian American Vietnam veteran promoted the development of certain post-traumatic stress disorder symptoms, namely, hypervigilance, increased arousal, avoidance, and feelings of detachment or estrangement from others (experienced as isolation). While this framework has not been empirically tested, its clinical usefulness as explanatory of the processes underlying race-related PTSD is illustrated.

Cumulative Racism as Trauma

The literature on racism as trauma is important to understanding the stresses on Asian American Vietnam veterans. Loo (1993) defined race-related trauma as a form of post-traumatic stress that is due to intentional, external human design (PTSD-IHD) and, in her discussion of symptoms experienced by Japanese Americans who were interned in U.S. concentration camps during World War II, she argued that race-related trauma can have chronic effects. The literature on the cumulative or insidious trauma of racism (Parson, 1985; Root, 1993) and studies on how racism determines the daily experiences of Black women in white-dominated organizations (Essed, 1989, 1990) suggest that while racism may not always involve a traumatic event in the traditional sense of the term (e.g., witnessing death or threat of physical injury), repeated exposure to racial discrimination may have a cumulative effect that is traumatic to the victim. Essed (1990) delineated marginalization and containment as elements of everyday racism. Marginalization was defined as denied access to positions of power, non-recognition, underestimation, nonacceptance, and obstruction of mobility. Containment was defined as adverse reactions by the dominant group to assertive behaviors of the dominated group's pursuit of equality, justice, and power. Two strategies—being watchful and not trusting whites—were used as defensive means by Black women to deal with racism (Essed, 1990). Both strategies are strikingly similar to two symptoms associated with PTSD—hypervigilance and avoidance of others.

Cognitive Schema Theory

According to cognitive schema theory (Horowitz, 1976, 1979; Mancuso, 1977; McCann *et al.*, 1988), schema are beliefs or expectancies usually about the self and others. Persons can develop positive or negative schema,

and these are developed in response to life experiences and shaped by one's gender and sociocultural background (McCann *et al.*, 1988). If input is discrepant with existing cognitive schema, conflict arises and arousal is increased (Mancuso, 1977). Those who have defined trauma as an event that shatters the victim's basic assumptions (Figley, 1985; Foa *et al.*, 1989; Janoff-Bulman, 1985) or as involving cognitive discordance due to the violations of basic beliefs (Horowitz, 1979, 1982; Loo, 1993) espouse versions of cognitive schema theory.

Social Behaviorism

Social behaviorism proposes that behavioral repertoires—which fall into emotional-motivation, language-cognitive, and sensory-motor areas—determine how one will experience a situation, how one will behave in that situation, and what one will learn in that situation (Staats, 1968a, 1968b, 1975). Staats (1977) defined “gook” as prejudiced labeling and reasoning [language-cognitive] that mediated violent acts in Vietnam. For purposes of the conceptual model of this paper, the emotional-motivational element of this prejudiced label was “hate Asians, kill Asians.” It is hypothesized that for Asian Americans, the emotional and sensory elements of this label would be interpreted as personal threat, experienced as anxiety, and accompanied by physiological arousal, which could result in feelings of self-hate. Finally, social behaviorism asserts that it is more difficult to learn a new behavioral repertoire if it contradicts an earlier learned repertoire (Staats, 1977). Applied to this model, Asian American soldiers who felt forced to internalize an anti-Asian behavioral repertoire as part of the American war effort would have had a particularly difficult time incorporating this repertoire if it contradicted a pre-military repertoire related to Asians or one's ethnicity.

Bicultural Identity

Berry's (1980) multidimensional model of acculturation proposes that minority persons may differ in regard to whether or not they deem it desirable to maintain relationships with whites and whether or not they deem it desirable to maintain their ethnic and cultural identity. Persons who adhere to an integrationist mode of acculturation would value their ethnic and cultural identity while simultaneously striving for acceptance within the dominant white majority. The framework of this article presumes that greater stress is experienced when the veteran adheres to an integrationist or bicultural mode of acculturation and when the desire for integration

between the bicultural elements of his identity is deterred by experiences that stigmatize him and deny him the dignity of his Asian American identity. Asian American veterans who develop relationships with Vietnamese (which bicultural persons would be likely to do) might concurrently fear being called a "gook lover" by other Americans. This may cause the veteran to fear being stigmatized as disloyal to the American cause, a consequence which could be life-threatening.

RACE-RELATED STRESSORS AND TRAUMATIC EVENTS

In this section, descriptions of race-related stressors and traumatic events that emerged in therapy are described and related to the conceptual framework. These stressors and traumatic events, all of which involve race or ethnicity, include: (a) experiences of being mistaken for Vietnamese; (b) verbal and physical assaults; (c) death and near-death experiences; (d) racial stigmatization; (e) dissociation from self (Asian); and (f) marginalization.

Mistaken for Vietnamese

When an Asian American is mistaken for Vietnamese, he receives input about his identity that is discordant with his cognitive-affective schema of himself. This veteran's cognitive schema of how he should be treated was repeatedly violated by continuous instances of mistaken identity and racial prejudice.

When I first got into the Vietnam theater, I felt like I was just as much an American soldier as anybody—blue-eyed, black skinned, Chicano, Oriental, whatever. I did not foresee this kind of treatment, the heavy discrimination. On my first day on the air base, I'm in a truckload of fellow GIs, and a Vietnamese guard stopped the truck, suddenly points a gun to my head, demanding to see my ID. I was in shock. This was my first inkling of what was to come [being confused for the enemy].

The bifurcation and negation of the veteran's self-identity was not restricted to one racial or cultural group. The soldier's identity as an American was denied him by Vietnamese and American alike. During his first week in Vietnam, he was confused for a Vietnamese national. "All this week, I thought you were a gook," his sergeant remarked at the week's end.

An Asian American woman nurse in Vietnam reported: "If I was in civilian clothes, I was assumed to be a Vietnamese whore." Reflecting on the effect of this treatment, she revealed: "You feel like you're being betrayed by your own people. Americans are betraying you by assuming you're

not an American.” One Asian American woman was told to cut her long black hair or else she’d be mistaken for “one of them” (L. Adams, personal communication, October 4, 1993).

Verbal and Physical Assaults

The veteran recalled repeated instances of race-hate speech from platoon leaders, company commanders, and airfield staff: “You fucking gook, get off the fucking helicopter,” “Why does this gook get to fly when I have to walk.” Racial rejection violated the veteran’s pre-military belief in a meritocracy, and led to his felt need to reassert his identity although cognizant that such assertions were useless in effecting outcomes: “We’re Americans too! I scored highest on the tests [in Single Rotor Helicopter Mechanic School], but I’m still slant eyes.”

While in Vietnam, the soldier was the victim of a racially-motivated assault that was traumatic. The soldier was taking a shower when he saw six or seven white GIs walk in. Drawing from his cognitive schema of himself as an American, he thought: “I’m one of you and you’re one of us.” Instead, he had been targeted for attack. “They threw a gunnysack over my head, and viciously beat me while they were shouting: ‘If we even catch your gook ass in our shower again, we’re going to kill you!’” After the assault, the veteran crawled back to his bunk, grabbed his gun, and intended to shoot anyone who assaulted him again. Thereafter, he took his showers armed with a hand grenade rolled up in his towel, a behavioral response reflective of his increased sense of threat to life and physical safety.

Months after describing this event in treatment, the veteran reported recurring nightmares of being choked to death. When asked whether he had ever experienced something similar in real life, the veteran suddenly recalled that when assaulted, the assailants threw a laundry bag over his head and tugged the drawstring so tightly around his neck that “I couldn’t shout or scream. I couldn’t even breathe.”

Being mistaken for the enemy by friendly forces was related to a reduced sense of safety, predictability, and trust in others and a heightened sense of danger. Like the Asian American Vietnam veterans interviewed by Crosscurrent Media (1991) who reported feeling under double assault when mistaken for the enemy by fellow comrades, the Chinese American stated:

I was a sitting duck. Since everyone was in a combat mode, I was threatened by death from all sides — the enemy and my own fellow GIs. I had to be more vigilant than white or Black soldiers because American soldiers were conditioned to respond

to anybody Oriental-looking with animosity and hatred. The philosophy was: *kill* anyone with slant eyes, *hate* slant eyes.

Feeling threat to life from both enemy and comrades was represented in two of the veteran's recurring nightmares. The first was a variation of an actual combat-related event involving threat from the official enemy. In the dream, the veteran is in a trench at night without a weapon and hears the clicking of barbed wire being cut. A VC attacks him and he is fighting hand to hand in a desperate struggle.

He stabs me in the body. My guts are hanging out and I'm fighting to the death. I have nothing except my guts to wrap around his neck so I can hopefully strangle him. In the meantime, I feel like I'm dying. I'm fighting with my last ounce of strength. I cry to God for help. I'm crying for my mother and I can feel him stabbing and slashing at me. I'm choking him as hard as I can until one of us passes out. Then I awake. I'm so totally frightened, perspiring. I've torn up my bedding, pillows, everything's all over the room. And my hands hurt from pounding the bedding and walls from the struggle.

Five weeks later, the veteran reported the presence of another nightmare, this time the threat was from fellow Americans. The veteran is trying to escape from the U.S. Army and runs into the barbed wire as a means of seeking refuge based on his physical inconspicuousness amongst other Asians.

I was caught in barbed wire. I was trying to run away. They were trying to draft me. I didn't want to go. I somehow ended up in the war zone running away from the FBI agents and trying to sneak away from the Americans and sneak to the Vietnamese side. I'm trying to run out of the compound into the barbed wire. I'm trying to get away from the Americans.

If the veteran is female, she may have been fearful of being raped, a consequence of being mistaken for Vietnamese that was primarily gender-specific.

Death and Near Death Experiences

Other traumatic events for the Chinese American veteran involved the inability of fellow Americans to distinguish him from the enemy, which led to the death of comrades. The veteran had been on a mission to rescue three wounded GIs. Two were badly injured. The third had an arm wound — "a minor injury any soldier would have recovered from." The veteran tightened up the injured man's dressing which was coming off. Noticing that the man's fingernails were turning blue, the veteran removed his goggles before elevating the man's legs.

When he looked at me, his eyes got real big. He looked scared. All of a sudden, he started quivering, convulsing. A minute or so later, his breathing stopped. He was gone. [silence] The other two guys made it, even the guy with the chest wound.

Asked what he thought caused the man to die, the veteran replied: "My Oriental face sent him into shock. He thought I was the enemy."

The veteran altered his behavioral responses subsequent to this trauma, resolving never to remove his dark goggles again while on a rescue mission. "I had to not let people know who I was because to do so triggered adverse reactions." Hiding one's ethnic identity because it became an unwitting agent of harm was a self-imposed means of self-negation.

The trauma literature has described guilt over perceived responsibility for someone's death (Krupnick and Horowitz, 1981), but in the aforementioned event, grief more than guilt was the therapeutic focus. The trauma literature does not address how to therapeutically intervene with a veteran who has been experiencing profound grief over a death "caused" by his ethnicity when the veteran is cognizant that his actions had no part in the death of a fellow soldier.

In another event, racial hysteria created conditions in which this veteran was exposed to a near death experience that also involved the death of fellow Americans. Once again, race-hate behaviors on the part of others were linked to his physical resemblance to the Vietnamese and once more, the veteran experienced grief over the senseless deaths of comrades that could not be rationalized by any war-relevant objective. The Asian American had just left the shower when a white infantryman rushed into the flight platoon shower and fired a whole clip, shooting a captain and warrant officer while screaming: "There's gooks in the shower! There's gooks in the shower!" Shaken when he realized that he had just missed being shot by a minute or two, the soldier suddenly realized: "That son of a bitch saw me! He thought I was still in the shower, and because of that, two American soldiers were shot" [silence].

Racial Stigmatization

Prejudice can be communicated non-verbally (Henley, 1977; Word *et al.*, 1974), and while not traumatic in the traditional sense, cumulative racial stigmatization can represent what Root (1993) defined as insidious trauma, which in this case constituted a low-level but constant threat to self. The veteran experienced cognitive-affective discordance between his schema of himself [as American] and the identity given to him by others [Vietnamese], an identity imbued with an emotional-motivational repertoire of hatred and rejection.

- V: It's a mental fight. I didn't see myself as an Asian. I saw myself as an *American* in the war. But it's like how people might look at a beggar. That look- I could see it in all the [white] American faces. Like a frown, like someone's in their space that they resented.
- T: You went into that war thinking of yourself as an American but others looked at you and saw an Asian.
- V: Right. Exactly.
- T: So we have a conflict here. How you see yourself constantly contradicted how others looked at you.
- V: It's just like someone says "I like you" but all the time [that] he's around you he's spitting in your office. A person's body actions, their words give away their true feelings.
- T: So what was being said to you? What was the message behind their words and body actions?
- V: Get out of here you damn gook!
- T: How did that make you feel?
- V: Hurt [pause]. Hurt [pause]. To the point that I'd get defensive so I'd often carry a hand grenade when I'd go into the shower, into town, the EM club, so people seeing the hand grenade wouldn't bother with me.

Asian American veterans may report that they are still being mistaken for Vietnamese, even today. An Asian American Vietnam nurse reported: "I can see the hate in [white] American eyes when I'm in a veterans parade. They think I'm Vietnamese." In one therapy session, the Chinese American veteran expressed rage in recounting that the hostess at a Vietnamese restaurant in Honolulu asked him if he was Vietnamese. The event triggered a string of aversive memories of being mistaken for Vietnamese in Vietnam.

Dissociation from One's Asian Identity

For some Asian Americans, the Vietnamese culture, setting, or people reinforced positive associations of their pre-military experiences as an Asian.

Being in Vietnam was like being transported to a very familiar culture. It was like the Philippines, with all the water buffalo (Crosscurrent Media, 1991). This was Asia, where my ancestors came from. The culture was very close to Chinese culture. (Crosscurrent Media, 1991)

However, positive associations or acknowledgments of one's connection to the Vietnamese had to be avoided if one was to behave according to the racial stereotyping common amongst the American troops.

Persons attempt to reduce conflict by ignoring or avoiding discrepant input when it is not possible to alter one's existing schema to provide a better match with incoming information. Asian American soldiers in combat were forced to adhere to an "anti-gook" behavioral repertoire to demonstrate their loyalty to the American war effort but doing so meant that

they were forced to ignore or avoid the reality of their Asian ethnicity (otherwise they would internalize anti-Oriental norms into racial self-hatred).

The Asian American veteran described his efforts to deny his ethnic similarity to the Vietnamese as part of a survival strategy.

T: So that part of you that was the American part felt and reacted like an American?

V: Right. Because I did have those attitudes—I was down on Vietnamese nationals. I was against Chinese people, and I was against anything with slant eyes. I mean I had to look at myself in the mirror, but I ignored that fact, I mean, I just completely ignored that fact.

Others also avoided thinking about their ethnic similarity to the “enemy” even while acknowledging that it had no grounds in reason.

Even if it's an irrational belief, you can convince yourself to hate someone whether he looks like you or not. You must tell yourself that. As soon as we were attacked, it was easy for me to say it's them or us. (Crosscurrent Media, 1991)

External reminders of the Asian American soldier's similarity to the Vietnamese were avoided.

Their food was very much the same Once this Vietnamese child came up to me and said 'same same,' but I couldn't think about this, not if I was to survive Vietnam. I couldn't allow myself to think about it. (Crosscurrent Media, 1991)

Since irrational dissociation was not practical, the discordance experienced by the veteran emerged in therapy: “The American part of me saw Asians as the enemy” concurrent with “A lot of my hatred and anger stems from killing my own kind.”

When conflict was experienced, some Asian American veterans felt that only the socially accepted, racist repertoire could be expressed. Empathy for victimized Vietnamese had to be withheld from public expression.

One time we were on these amphibious tractors and we drove through these fields, and this little girl came out screaming because the tractor had run over the rice cases and had just scattered their food all over the fields rendering it useless, and I remember this feeling jumping out deep inside of me trying to come to the surface and internally I found myself crying and identifying with her and the loss of food, and I remember my mouth opening up, and it was like the person who was me took a distant back seat and somebody else was speaking. It was my mouth. It was my body that was doing the talking, but my personality had receded into the background, and the personality that was talking was laughing at the girl, cursing her out, calling out “Now the VC won't have it.” But it was knowing something was there and not letting it come out. (Crosscurrent Media, 1991)

The inability to dissociate from the enemy resulted in psychological distress. A Japanese American Vietnam combat engineer felt distress and ambivalence over carrying out orders to knock down houses of Vietnamese villagers because he associated the villagers with his parents.

You relate to your own parents and somebody comes and knocks their house down. They may be Vietnamese, but they're still Oriental. It's hard not to feel something You have a conflict going on. (Hamada *et al.*, 1988, p. 101)

Having to care for Vietnamese civilians as well as American soldiers may have made dissociation from the enemy more difficult for Asian American nurses (L. Adams, personal communication, Oct. 4, 1993).

The Chinese American veteran expressed the conflict between the dehumanizing mentality required of him as an American soldier and the emotional and cultural connection he felt to the Vietnamese when threat was absent. His knowledge of the history of immigration made his identification of what side he was on a precarious one. Here again, factors that deter dissociation from one's Asian ethnicity resulted in distress.

- V: The forces we fought against were Vietnamese, southern Chinese. So they were small in stature. They just looked like me or my relatives and they often came up and spoke to me in Vietnamese and Chinese.
- T: That the Vietnamese were friendly and offered you food, did that lead you to feel any differently about killing in that particular war?
- V: It sure did, because my family is Puntuee. That's a group of people in southern China. If my grandparents had not migrated to Hawaii, I'd be on the other side of the war. I'd be carrying an AK-47. I would be speaking Chinese. I'd be running around in either black pajamas or a North Vietnamese uniform.
- T: What effect did this have—that you could have been on the other side?
- V: It was devastating. I could dispatch the enemy on the pretense that if I didn't, he would dispatch me, self-defense When the person was alive and hostile in warfare, it was like stamping on a scorpion.
- T: You could dehumanize.
- V: Yes, yes. I could do it. But after a person is dispatched, dead, wounded . . . the human part becomes evident . . . and they looked just like my uncle, my cousin A lot of soldiers, I don't care what war it is or what race it is, after they see the dead, they know in their heart, this is senseless. I mean, it's senseless.

There is no glory in killing those with whom one feels a human connection, and for Asian Americans who felt compassion for victims on both sides, the anguish was great, the sense of achievement small.

Blacks and whites were proud when they'd kill VC. They felt a sense of accomplishment, whereas I'd feel distress, sympathy, bad. At the same time, when I saw American soldiers killed, I felt "I'm going to get those gooks." I felt sympathy regardless of which side was killed. For me, I felt like shit.

Marginalization

"Acculturative stress" is characterized by feelings of alienation, loss of identity, confusion and anxiety, which results in "marginalization." Marginalization implies that individuals lose cultural and psychological contact with both their traditional culture and the larger society. When imposed

by the larger society, it is tantamount to ethnocide. When stabilized in a non-dominant group, it constitutes marginality (Stonequist, 1935).

In war, where bonding and trust amongst fellow American soldiers can be critical to survival, the Asian American soldier may experience a fear of being different from others in his unit (B. Kilauano, personal communication, December 17, 1992), a fear that is exacerbated by experiences of being mistaken for the enemy. The sense of isolation from all groups, given his bicultural identity, can leave the veteran feeling marginalized: "I didn't fit in with the Chinese. I didn't fit in with the Vietnamese, and I didn't fit in with the Americans . . . I just looked like the likeness of the enemy."

The veteran felt his identity was challenged as illegitimate by even the Vietnamese—those with whom he was mistaken by the Americans.

I have the same stature as any Vietnamese, so, when people looked at me, they couldn't figure out how this gook got into this American uniform. The Vietnamese thought I was masquerading as an American.

The veteran also felt marginal to his own racial group.

I think I was the only Chinese person in Vietnam who couldn't speak any kind of Oriental tongue. It was a drawback. I wish I had stayed in Chinese School. I mean I could write my name and say a few words and get around, like how I used to talk to my grandparents. But when it came to fluent Chinese or literate Chinese, I was nowhere. I was an American, so I didn't speak the language.

Wanting to "not be different" from others in his unit, the veteran wished for the social support of an all Asian unit, a reaction to the isolation he experienced.

This was just one of many incidents that I had to endure alone . . . I was never with any unit like the 442 or 100 battalions in World War II or in the Hawaii National Guard units that went as groups so they could support each other. I was there to go through this on my own from day one to the day I left.

CONCLUSION

This article places race-related PTSD amongst other forms of human-induced trauma, such as sexual assault and combat. Clinical data suggest that symptoms originating from race-related events can be distinguished from combat-related events. Moreover, race-related PTSD shares commonalities with other forms of intentionally-induced psychological trauma, specifically feelings of vulnerability, threat to life or personal safety, hypervigilance, dissociation, reliving experiences (nightmares), vivid recollections, and feelings of isolation, estrangement and detachment from others.

The Women Veterans Health Programs Act of 1992 made sexual harassment and sexual assault legitimate categories of disability by which women veterans could file claim with the Veterans Administration if these events occurred while the veteran was on active duty. Priority was given to counseling for sexual victimization. Racial harassment and racial assault have not been accorded the same recognition despite the fact that PTSD symptoms can be directly linked to race-motivated events that occurred while on active duty. There has still been no intensive empirical inquiry into the prevalence and impact of racism in the military despite the need for such.

This article calls for the designing of assessment instruments to measure race-related stress and PTSD, treatment approaches for race-related PTSD, inclusion of race-related PTSD in the Diagnostic and Statistical Manual, and formal acknowledgement of racial victimization as a legitimate category for veteran's disability claims. Society has a way of denying or repressing the existence of horrible events (Herman, 1992). Consequently, the process by which race-related PTSD will achieve recognition may be fraught with obstacles similar to those historically associated with combat trauma and sexual trauma. Freud, for instance, was troubled by repeated findings of sexual abuse at the source of hysterical symptoms among their women patients, and subsequently retreated from his traumatic theory of hysteria because "to hold fast to his theory would have been to recognize the depths of sexual oppression of women and children" (Herman, 1992, p. 19) and ". . . to conclude that perverted acts against children were endemic This idea was simply unacceptable" (p. 14). To be acknowledged as one form of trauma, racism must be recognized as an existing injurious force within the military and society.

Contemporary developments may help shed light on the impact of racism. Bruce Yamashita waged a legal battle against the U.S. Marine Corps for dismissing him from Officer Training School for racial reasons. Yamashita was subjected to repeated racially-motivated slurs by company commanders while in Officer School. As a consequence of the pressure brought about by this suit, there have been major revisions to the Officer Candidate School's Standard Operations Procedures that are intended to convey the message that racial stereotypes will not be tolerated. The new rules prohibit "racial, gender, or ethnic slurs, comments, or jokes toward the candidate," "statements or gestures or . . . any action that could be interpreted as racial, gender, or ethnic prejudice or bias," or "calling a candidate by a nickname associated with his/her ethnic heritage" (Neil, 1993).

In addition, strong legal debate regarding race-hate speech has surfaced in response to the emergence of race-hate activity on several college

campuses in the 1980s. In their book, *Words that Wound*, Matsuda *et al.* (1993) argue that race-hate speech should not be accorded absolute first amendment protection. Race-hate speech constitutes "fighting words," expressions that are intended to be assaultive. This author contends that where there is a history of harm done or injustice perpetrated against a particular racial or ethnic group, a race-hate behavioral repertoire can trigger past traumatic experiences and can result in distress whether past racial oppression was experienced personally or vicariously (to one's ancestors or earlier generations of persons of that ethnicity). There is a legacy of anti-Asian activity and legislation in the United States, particularly on the West Coast.

This article has elucidated common conflictual themes experienced by Asian American victims of race-related trauma. First, racism against some Asian American soldiers in the Vietnam encounter had the effect of "disarming" them and preventing them from engaging in the psychologically self-protective behaviors normally afforded to all soldiers. If one of the principal elements in molding a soldier is *dehumanization of the enemy* (Scurfield, 1992), then by repeatedly exposing an Asian American to experiences of *being treated as the enemy*, we create conditions that make it *impossible for him to dehumanize the enemy*. We set up conditions that force him to identify with the enemy, which interferes with his effort to psychologically dissociate from them in order to cope with an anti-Asian repertoire prevalent among American troops. This article had provided clinical examples and a conceptual framework for understanding the "painful and untenable position" that Scurfield and Tice (1992) describe in reference to Asian Americans.

Secondly, if a situation of constant danger (eg. threat of "double assault") leads soldiers to develop extreme emotional dependency upon their peer group and if then the morale of the fighting unit becomes the strongest protection against psychological breakdown (Grinker and Spiegel, 1945), Asian Americans exposed to racism may be forced to acquire a racist behavioral repertoire to not be different from others in their unit and thus not have their loyalty questioned, but this coping response forces them to function under considerable psychological conflict and constant stress.

Men and women who serve in the armed forces are not protected by certain constitutional or civil rights by virtue of "military necessity." However, racial harassment and racial assault are not justified by "military necessity." In short, we need to seriously examine *who* we send *where*, what the impact is on our soldiers of color, and why the military does nothing to discourage race prejudice amongst its white members in the interest of protecting those soldiers most likely to be victimized.

The major mission of our military should be to empower our warriors. Yet, by promoting and permitting racism among our armed forces, as was practiced against our Asian American soldiers serving in Vietnam, we disempower them. We afflicted them with two potentially traumatizing experiences, those associated with combat and those associated with racism. Survival was theirs only under incredible odds, and the psychological toll on these brave men and women has yet to be studied or recognized.

Finally, for those who treat ethnic minority Vietnam veterans with PTSD, this article raises important issues related to assessment and treatment. The clinician treating an ethnic minority veteran needs to conduct an assessment for race-related events that may have been traumatic to the veteran. Not only must the clinician convey sensitivity to race-related stressors, he or she must also understand the factors that may discourage such disclosure. Asian Americans may be reluctant to disclose experiences of being mistaken for the enemy because of his desire to be considered American (S. MacBride, personal communication, December 16, 1992). They may be reluctant to disclose experiences of race-related trauma in a group setting because they realize that such events were not commonly experienced and thus was not a shared experience among veterans. Also, in groups, other veterans may discuss their experiences using derogatory terms for Vietnamese, not realizing that this may trigger distress for the Asian American. Asian Americans may also be slow to discuss racial victimization because race prejudice was condoned by the dominant social norms. In conclusion, this article offers a direction in which further study might proceed.

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